

REQUEST FOR AGENCY ACTION/LICENSE APPLICATION

A. IDENTIFYING INFORMATION:

FACILITY NAME _____ TELEPHONE# _____

INTERPRETER (if applicable) NAME _____ TELEPHONE# _____

FACILITY MAILING ADDRESS _____

FACILITY STREET ADDRESS _____

CITY & ZIP _____

DIRECTOR (centers only) _____ TELEPHONE# _____

DATE OF REQUESTED ACTION: FROM _____ TO _____

B. ACTION REQUESTED: (Check (T) all that apply). Application is complete when copies of all items listed are submitted to the Bureau.

Initial License **9**(Include fees, BCI applications, fire clearance, business license*, certificate of occupancy*, zoning*, kitchen inspection*)
* Check with your city to see how to obtain these items. Cities may choose to prosecute child care providers who do not obtain these clearances.

Annual Renewal **9**(Include fees, BCI Consent & Release of Liability form)

Change of Ownership **9**(Include sales agreement, fees, BCI clearances, fire clearance, business license*, kitchen inspection)

Change of Director **9**(Include directors qualifications)

Change Location **9**(Include fire clearance)

Change Name **9**(Previously known as _____)

Change Capacity **9**(Include fees - centers only)

Change Category **9**(Include fees, BCI clearances, fire clearance, business license*, certificate of occupancy*, zoning*, kitchen inspection)

Variance Continuation **9**Identify Rule: _____

Deemed Status **9**Continuation of Deemed Status
Date of last accreditation: _____ Accrediting Agency: _____
9Initiation of Deemed Status

C. TYPE OF FACILITY: (Check (T) appropriate boxes)

9FAMILY (1-8 children) License approved capacity _____

9Family Group (9-16 children) License approved capacity _____

*** For Family & Family Group providers, please complete Household Members Chart:**

Names & DOB of Household Members:

Name	Date of Birth	Name	Date of Birth
1.		5.	
2.		6.	
3.		7.	
4.		8.	

☛CENTER (5 or more children) License approved capacity _____ <2 yrs _____
Preschool _____
School-age _____

☛HOURLY CENTER (5 or more children) License approved capacity _____ <2 yrs _____
Preschool _____
School-age _____

D. CRIMINAL IDENTIFICATION SCREENING (BCI)- ATTACH COMPLETED FORMS:

Utah Code 26-39-107 requires that each person requesting to be licensed or to renew a license under this chapter shall submit to the department the name and other identifying information, which may include fingerprints, of existing, new, and proposed: owners; directors; members of the governing body; employees; providers of care; and volunteers; except parents of children enrolled in the programs. The information shall be used to screen the individuals for criminal history through the Bureau of Criminal Investigation (BCI) and the DHS Management Information System.

- ☛Family (include BCI's on persons 18 and over residing in the home and substitutes)**
- ☛Family Group (include BCI's on persons 18 and over residing in the home, second care givers, and substitutes)**
- ☛Centers (include BCI's on all applicable staff and members)**
- ☛Hourly Center (include BCI's on all applicable staff and members)**

E. OWNERSHIP: (Check **TOne)**

☛Individual Owner: (Identify owner name, address)

☛Corporation: (Identify corporation name, address, officers by name, title, address and telephone #'s)

☛Partnership: (Identify each partner by name, address and telephone #)

☛Other: (Describe the ownership arrangement and identify the owner (s) by name, address and telephone #)

Provide the names, addresses, percentages of stock, shares, partnerships or other equity interests of each officer, members of the board of directors, trustees, stockholders, partners, or other persons who have greater than 25 percent interest in the facility:

(USE ADDITIONAL PAGES IF NECESSARY)

Each of the persons listed above must attest that they:

- a) have never been convicted of a felony;
- b) have never been found in violation of any local, state, or federal law which arises from or is otherwise related to the individual's relationship to a child care facility;
- c) have not within the five years prior to the date of application had an interest in a licensed child care facility that has been closed as a result of a settlement agreement resulting from a license revocation; and
- d) have not been convicted of child abuse, neglect, or exploitation.

(Pursuant to R430-2-3(4))

F. CERTIFICATION OF UNDERSTANDING:

I _____, as _____
(Name) (Title)

of the above named facility, understand this request constitutes a Request of Agency Action as specified in Utah Code Ann. 63-46b(3) and serves as the formal document upon which a licensure decision will be based. I agree to abide by the rules promulgated by the State of Utah for this category of child care facility and do hereby state that the information provided on this application is true to the best of my knowledge and belief.

I agree to allow authorized representatives of the Department of Health, upon representation of proper identification, to enter the facility at any reasonable time without a warrant and to review facility records and documents as necessary to ascertain compliance with State licensing law and rules promulgated by the Department of Health.

Signature

Date